

WISCONSIN WORKS (W-2) SERVICES FACT-FINDING REVIEW VOLUNTARY WITHDRAWAL

I am no longer interested in completing a W-2 Fact-Finding Review. I hereby withdraw my prior request for a Fact-Finding Review, which was dated ____/____/____.

I understand that if I voluntarily withdraw my request for a W-2 Fact-Finding Review, the withdrawal will have no impact on my status for a Fair Hearing request for Food Stamps, Medicaid or Child Care filed with the Department of Administration, Division of Hearing and Appeals.

Reason for Withdrawal: _____

[illegible]

Applicant/Participant Signature	Date Signed
Fact-Finder Signature	Date Signed